

**Introductory Speech  
at the Health in All Policies Meeting,  
Adelaide, 13-15 April, 2010**

**Dr Rüdiger Krech, Director, Department Ethics, Equity, Trade and Human Rights  
World Health Organization (WHO)**

Hon. Minister Mike Rann, dear Kevin, Carmel and Danny, and all our colleagues joining us today.

Two weeks ago, I received an invitation to give a key note address at a high level dialogue of a business network. “The consumer 2020” is the title of the October meeting, the network consists of about 1800 big and medium enterprises, among them L’Oreal and Chiquita, a brand of United Fruit. For the business network, health is of major concern.

I take it that invitations like this show that there is an increasing interest of business to better understand this interconnectedness. Part of our responsibility in these new engagements is to better understand what drives big industries. They have a major stake in population health, both as contributors and recipients. With a health in all policies approach, we seek to find ways to manage interdependence. The role of global industry in global

health has put health into trade, and influenced innovative industry approaches.

I put this upfront of my presentation as I think that today, compared with our discussions a decade or so ago, we are in a different ball game.

The costs of other sectors not taking health into account have been high. For instance, we have totally under-estimated the societal costs of NCD's. We have also under-estimated the costs that occur if the socio-ecological interface between human and animal genomes is breached. This has had high costs and I take it that the major airline networks like Star Alliance, One World and Flying Blue were not happy about the 3 billion USD loss in turn-over due to the recent H1N1 pandemic.

And I can tell you that several years ago farmers around the globe were very unhappy to cull hundreds of million hens due to H5N1.

And that is why HiAP becomes ever more important.

But what is now the difference of debate between Alma Ata, Ottawa, Adelaide 1 and our deliberations today, at Adelaide 2?

I think that we are creating a complementary picture of public health practice – a picture that includes risk behaviour and risk factors, risk conditions and *life* conditions. Before we were only talking about why people smoke and how we may create the healthier option to become the easier option. Now, we are also looking at the tobacco industry, their strategies, powers and markets; and how their “tobacco in all policies” approach influences people’s lives, drive national and global economies and sets political agendas. As successful and groundbreaking the Framework Convention on Tobacco Control has been, global consumption overall has not decreased – the tobacco is still a highly profitable industry. Why is this so?

They targeted young girls between 13-15 in Central and Eastern Europe in the 1990's, they are targeting young girls now in the South Americas. They build alliances with the Alcohol industry and when I attended some trade negotiations at the WTO a week or so ago, I was puzzled to see a statement

from one Member State that was almost identical to one statement made by Phillip Morris.

We may not like their objective, but we have to admit that they are tactical and effective. We must allow ourselves to learn from their business model.

Friends and colleagues, while analyzing the “causes of the causes” and the determinants of health, we have to look at powers and interests and not be naïve about achieving win-win situations. Nor can we accept lose-lose. We have to build alliances, ensure transparency and understand political economies. If it were easy, it would be easily done. Indeed, as Ilona stated, it is a wicked problem.

We need to learn from each other as we proceed in this work. Therefore, we deliberately designed this meeting as a working opportunity. Let me share some of my professional experiences:

- 1) When I had the privilege of working in a team to develop regional development plans based on health, we worked with mayors, managers and other stakeholders in regions. One day, I received a phone call from

one of the mayors saying: “The CEO of Volkswagen just called me and gave me an ultimatum. They want to shift their production to “just in time”. Either we build a Road-to-rail center for 3000 vans per day, or they will move their production to Portugal. We have six weeks time. When I told him that we should look at this within the framework of the healthy region, he told me that this was a nice idea, but it would now be time to stop this kindergarten.” All of you who come from South Australia know very well what it means to be threatened by the loss of a car producing plant.

- 2) When my Minister announced that social protection was now one of the seven priorities in German development cooperation, I was – you can imagine – very pleased. When I met with one of my colleagues in the Ministry a day later, he said after congratulating me for this: “But what would happen if we did everything that the minister says? Mind you, this will not happen.”
- 3) When the British Prime Minister Gordon Brown asked the German Chancellor Angela Merkel and the then French President Jacques Chirac to work on the global health financing architecture and universal access to social health protection, I was thrilled. I thought that a dream came true. Then, at the invitation of Chirac, when the coordination mechanisms

were concretized, a State Secretary said to me: “Oh my god – now we also have this coordination crap to handle!”

I am telling you this because we have to understand better how different institutions function. This unites us with other movements to foster a joined-up government. The reactions of the CEO, the colleague in the Ministry and the State Secretary were all totally understandable within their roles, functions and professional logic.

Taking the example of the Ministry, we should carefully look at the difference between administration and politics. There is a political side - such as we see in the current political debates here in Australia about the hospital reform plan, but then there is also an administrative side - as the political decisions then need to be implemented. And this implementation in the administration is not automatic. It goes against certain interests, powers and strategies. Ignoring or even under-estimating these will be detrimental to a health in all policies approach. Therefore, if health is not only a goal for the health sector but for the government as a whole, the administrative structure in the government should carefully reflect this understanding. This, however, may mean a radical change in administrative structures.

The Assistant Director General of WHO in his welcome address just spoke about the "three I's": Individuals, institutions and instruments. Dear colleagues, we need to much better understand the institutions that have such an enormous effect on population health. We have to get to the crux of the matter. We need to analyze, systematize and identify options that complement, or at least not obstruct those interests, powers and strategies. To do this, we need effective instruments.

The success of the Tobacco Convention was to a certain extent due to the multi-million Dollar law suits in the US. The potential follow-up legal action of individuals regarding second hand smoke in aircrafts, city halls and restaurants resulted in broader smoke-free policies. Public Health's great contribution was to get the evidence and information out and support the lawsuits in a way that was most effective and visible. So, getting the right information to the right people at the right time is one effective instrument to advocate for health. Then, we were able to do classical health promotion work such as to build healthier environments and develop personal skills, so that now people pity you smoking in the street rather than admiring you how seemingly cool you are.

Assessing the likely impacts of policy decisions in other sectors on health is another critical HiAP instrument. Other sectors need to know the health implications of their work. As individuals and health experts, we in the health sector need to provide this knowledge - a new and challenging role for us. We need to enable the other sectors, such as agriculture with regard to meat production and the importance of the interface between human and animal genomes, to then take INFORMED decisions.

We need to mediate between different interest groups and thus strive to help other sectors to reach their goals. I think that applying a "health lens" may well be an effective tool for doing this. We will hear a bit more of this from our colleagues from South Australia during the meeting.

Advocating, enabling and mediating - for many of you who have been in health promotion for some time - this sounds very familiar. In Adelaide 1, the issue was to get health onto the political agendas. It is there now. Now the issue is to deal with seemingly conflicting agendas.



To tell you the end of the story of the CEO of the car company: Health became a central issue here. Of course, the mayor got immediate instructions from the governor to comply with the company's request. The mayor made a procedural mistake and did not engage the community as much as he should have. This created a very sensitive situation and a possible huge lawsuit, as the decision had vast implications on the real estate market of the community, and on their health. We were able to get the main stakeholders around the table, engage the community and mediate between interests. We were able to prevent the law case. The political and economic stakeholders were very surprised how thoughtfully and reasonably the community engaged in the process.

With regard to the colleague in the Ministry, well, Social Protection received a clear budget line of 100 Million USD per year. And I can tell you that some people did actually not like that. Not because they did not like social protection, but indeed as this meant that they received less budgets for their own areas, and that they were afraid of a delineation from what had been agreed in the Paris Declaration and feared an re-inflation of priorities.

And as it now has become good practice to better coordinate the global health architecture, people are happy to go the extra mile to get the job done.

Now, what do we need to move forward?

My colleague Henk Bekedam who is here with us, suggests to identify the five key messages for other sectors, how they would benefit from taking up these messages and how these messages can be implemented. I think we should seriously discuss this proposal.

We need capacity building at different levels for acting within the different ball game. This may include a place for safe and ad hoc trouble shooting, where key drivers of HiAP may get peer reviews of their current options within the political process. We are setting up new technologies for that and I am happy to introduce my colleague Lina Reinders who has worked with colleagues here in South Australia on an interactive mechanism to allow for this.

And I agree with my colleague Nicole Valentine that we also need to think about new rules of the game we are in.

To come back to the start of my speech and my invitation to speak at the “Consumer 2020”. As it is trendy these days to produce healthy staff, and as it markets well, we should make sure that their policies and practices are as healthy as they claim to be. If I accept their invitation to address their business network, you can be sure they will hear of the results of this meeting and their responsibility to address health in all policies.

I am, and WHO is, very eager to move on this agenda, to hear what this meeting brings about. Adelaide 2 will be a stepping stone for other milestones to be reached in the advancement of public health.

Thank you very much.